

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90038 046 *****61.25

DOCUMENT # 750727

1. Entity Name

EDGEWATER MANOR HOMEOWNER'S ASSOCIATION

Principal Place of Business

Mailing Address

2139
EDGEWATER CR SE
WINTER HAVEN FL 33880

2139
EDGEWATER CR SE
WINTER HAVEN FL 33880

2. Principal Place of Business

2139 Edgewater Cr SE

Suite, Apt. #, etc.

3. Mailing Address

2139 Edgewater Cr SE

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

Winter Haven, FL

Zip

33880

Country

FL

Zip

33880

Country

FL

4. FEI Number

59-2882825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, TORY
2126 EDGEWATER CR SE
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name **Ms Cann, Opal**

Street Address (P.O. Box Number is Not Acceptable)
2139 Edgewater Cr. S.E.

City **Winter Haven**

FL

Zip Code **33880**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Opal M. McCann, Pres - Registered Agent 1/18/01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLM, CARL 2133 EDGEWATER CR SE WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIDSON, BOB 2119 EDGEWATER CR SE WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, TORY 2126 EDGEWATER CR SE WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FILPEK, SHIRLEY 2125 EDGEWATER CIR S.E. WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULTZ, DAVID 2133 EDGEWATER CR SE WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDRICK, THELMA 2105 EDGEWATER CR SE WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wurtz, Bob 2111 Edgewater Cr. S.E. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T McCann, Opal 2139 Edgewater Cr. S.E. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holm, Carl 2133 Edgewater Cr. S.E. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Tory 2126 Edgewater Cr. S.E. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Opal M. McCann, Pres **OPAL McCANN** 1/18/01 (863) 299-3932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)